

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90037 018 \*\*\*150.00

**DOCUMENT # K71961**

1. Entity Name

**HOUSER MARINE INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

**SOUTH PATRICK DRIVE  
 BEACH FL 32937**

**1180 SOUTH PATRICK DRIVE  
 SATELLITE BEACH FL 32937-3948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2942924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSER, DANIEL R.  
 904 KING'S POST ROAD  
 ROCKLEDGE FL FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/06/00**

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSER, LYLE</b>	
STREET ADDRESS	<b>5825 SOUTH US #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSER, DANIEL R</b>	
STREET ADDRESS	<b>904 KINGS POST ROAD</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL-32955</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSER, THOMAS G</b>	
STREET ADDRESS	<b>1780 CADILLAC CIR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSER, TIMOTHY L</b>	
STREET ADDRESS	<b>1100 JOHN RHODES BLVD #120</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DURYEA, RON</b>	
STREET ADDRESS	<b>116 Island View Drive</b>	
CITY-ST-ZIP	<b>Indian Harbour Bch, FL. 32937</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/06/00 (321)-773-8400**

CR2E034 (9/99)